SERIAL NO. / 3/478 FILING DATE MULTIPLE DEPENDENT CLAIM APPLICANT(S) FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) CLAIMS AFTER AFTER 1st AMENDMENT 2nd AMENDMENT AS FILED IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. (h) (0) (7)δý α_j Ø D) <u>0)</u> Ω (y) W (1) \vec{a} (1) (1) <u>M</u> TOTAL TOTAL

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